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### Publication Date

2020-06-01

### DOI

10.1016/j.ijpp.2019.08.005

Peer reviewed



# Osteoarthritis, entheses, and long bone cross-sectional geometry in the Andes: Usage, history, and future directions

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## ARTICLE INFO

### Keywords:

Cross-sectional bone geometry  
Musculoskeletal stress markers  
Activity  
Biomechanics  
Stress  
Multivariate statistical methods

## ABSTRACT

Akin to approaches encouraged by Verano (1997) in the Andes, and Ortner (2011, 2012) for general paleopathological studies, this article focuses on accurate descriptions and definitions of osteoarthritis, entheses, and long bone cross-sectional geometry. By evaluating these conditions as part of biological responses to abnormal skeletal changes and biomechanical stress, this research discusses each condition's pathogenesis. Further, this article emphasizes a “small data” approach to evaluating these conditions in ancient culturally and biologically related human populations, where the study samples must have good skeletal preservation, where estimates of age and sex need to be included as major factors, and where abnormalities need to be described and evaluated. This article also discusses global clinical and osteological research on ways scholars are currently trying to establish industry-wide methods to evaluate osteoarthritis, entheses, and long bone cross-sectional geometry. Recent studies have focused on rigorous evaluation of methodological techniques, recording protocols, and inter- and intra-observer error problems. Additionally, scholars have focused on physical intensity of movement using biomechanics, evaluated burials of known occupation, and used complex statistical methods to help interpret skeletal changes associated with these conditions. This article also narrows to focus on these conditions within thematic “small data” areas throughout the Andes. This research concludes with describing future directions to understand skeletal changes, such as more multidisciplinary studies between osteologists and pathologists, collaborations with living people to collect CT, x-rays, or computer-aided motion capture, and a stronger focus on how these conditions correlate with intense biomechanical changes in younger individuals.

## 1. Introduction

Verano (1997) discussed the depth of human habitation and uniquely varied environments in his foundational article addressing paleopathological advances within Andean South America. These environments change significantly over the varying elevations, but impart generally good levels of human skeletal remains preservation, including mummification. Hence, he has been able to explore the lives of ancient Andean peoples through a variety of diseases and trauma that often coevolve with the development of complex societies (see Verano, 1986, 1995, 2001, 2008, 2013; 2014, and others). Verano (1997) also noted that skeletal diseases are long-term ailments, such as arthritis, chronic infections, and dietary deficiencies. While recent advances on the latter two conditions are covered elsewhere in this special edition (see in this issue, Toyne and Turner; Klaus; Nelson et al.; Gagnon; Blom and Knudson; and Tomasto), this article addresses long-term changes from osteoarthritis (OA), entheses, and long bone cross-sectional geometry (CSG), and describes cases where they have been used to evaluate past

Andean lifeways in terms of power, labor, economic activities, and identity.

Early research correlated OA, entheses, and CSG as indicators of past activities, or used them to reconstruct movements associated with things like canoe paddling or spear throwing (e.g., Hawkey and Merbs, 1995; Kennedy, 1989; Merbs, 1983). Jurmain et al. (1999; 2012) have critiqued these approaches as “activity-only myopia,” or a “Holy Grail” quest, identifying problems and concerns in description and interpretation with these methods. This has led to a reassessment of OA, entheses, and CSG, and an interrogation of if activity reconstruction in archaeological samples is even possible. Recent research on OA, entheses, and CSG has reevaluated methodological techniques, statistical assessments, recording protocols, inter- and intra-observer error problems, movement and biomechanics, and pathological changes on burials of known occupation, with no one solution (see Becker, 2017; Cardoso and Henderson, 2010; Domett et al., 2017; Pearson and Buikstra, 2006; Perréard Lopreno et al., 2013; Schrader, 2019, and others).

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<https://doi.org/10.1016/j.ijpp.2019.08.005>

Received 6 February 2019; Received in revised form 19 August 2019; Accepted 20 August 2019

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While this article cannot address all of the problems, nor cover in-depth the prior three decades of research, it does evaluate the biomechanical stress aspects and pathogenesis of OA, entheses, and CSG as skeletal changes from long-term conditions. Following approaches encouraged by both Verano (1997) for research in the Andes, and Ortner (2011, 2012) for general paleopathological studies, this paper focuses on accurate descriptions of pathological responses in bone. Ortner (2011) also supported using a localized approach to bone pathology, where study sample comparisons should be limited to the same, somewhat closed gene pool, where preservation needs to be good enough to estimate age and sex as major factors, and where abnormalities and their distribution need to be described and evaluated. This framework might be called a “small data” approach, as opposed to “big data,” because it encourages understanding and evaluating local pathology, while still contributing to the global conversation about past human populations. Thus, this manuscript defines and illustrates biomechanical stressors, abnormalities, and pathogenesis of skeletal changes associated with OA, entheses, and CSG. Methodological and theoretical improvements currently used by scientists in other parts of the world, sometimes in association with activity, to clarify and improve interpretations surrounding these conditions, are also discussed. Focusing on Andean studies of OA, entheses, and CSG in the last 20 years, the article describes these studies and concludes with new approaches and suggested advances that use a small data approach to address future OA, entheses, and CSG research.

## 2. Skeletal changes noted with OA, entheses, and CSG

### 2.1. Osteoarthritis (OA)

OA, also known as degenerative joint disease (DJD), occurs with articular cartilage loss and concomitant bone changes. Affecting both cartilage and bone structure and function in a diarthrodial joint, OA is a multifactorial process in which mechanical factors play a central role (Hunter and Felson, 2006, 639). Medical studies show that a combination of genetic, systemic, and biomechanical factors may influence OA risk, with genetic predisposition currently under critical scrutiny (Rodriguez-Fontenla and Gonzalez, 2015; Warner and Valdes, 2016; Yucsoy et al., 2015). Typical systemic risk factors include advancing age (e.g., postmenopausal women) and those with lower bone density (e.g., osteoporotic persons). Alternatively, good nutrition with ingestion of items like antioxidants reduces the possibility of OA (Anderson and Loeser, 2010; Brandt et al., 2009; Dieppe, 1995; Felson et al., 2000). Biomechanical factors like previous joint trauma, obesity, mechanical loading, and repeated movements are also part of OA pathogenesis (Dieppe, 1995; Felson, 2004; Felson et al., 2000; Hunter and Felson, 2006; Yucsoy et al., 2015). Thus, a combination of genetics, risk factors, skeletal structure, and movement can all act on OA causation and location in the body.

In ancient human populations, causation is harder to address. Subchondral bone changes, such as marginal outgrowths or lipping, osteophyte development, sclerosis, porosity, and/or eburnation, are associated with OA (Fig. 1) (Buikstra and Ubelaker, 1994; Rogers et al., 1987; Schrader, 2019). These usually represent a failed attempt by the body to repair the cartilage and bone joint surfaces (Chen et al., 2017; Loeser et al., 2012; Man and Mologhianu, 2014). Consequently, scholars use any one or a combination of these bone changes to identify the prevalence of this condition in studies of archaeological human remains (see Schrader, 2019 for a comprehensive review). Researchers also suggest multiple techniques to evaluate OA data points collected, and how to analyze these in ways that can be interpreted effectively (see Anderson and Loeser, 2010; Baker and Pearson, 2006; Becker, 2019a; Domett et al., 2017; Klaus et al., 2009; Weiss and Jurmain, 2007, and others). However, interpretation remains in question within paleopathological literature considering OA's multifactorial etiology, and particularly concerning any biomechanical influences. As adjustments,

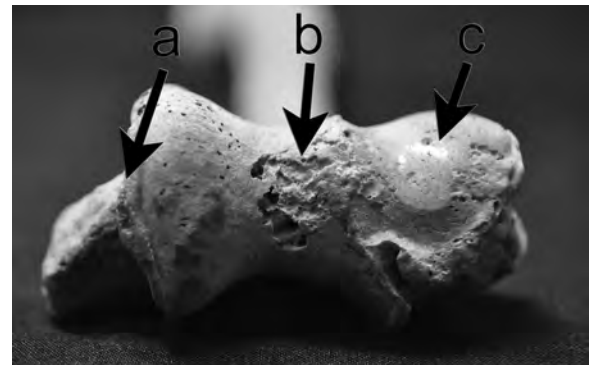


Fig. 1. Distal humerus with evidence of osteoarthritis: (a) evidence of lipping, (b) porosity, and (c) eburnation.

osteologists suggest using methods oriented toward well-contextualized interpretations, population-level comparisons, and strong statistical methods (Becker, 2013, 2017, 2019a, 2019b; Domett et al., 2017; Jurmain et al., 2012; Nikita, 2014; Pearson and Buikstra, 2006; Schrader, 2019; Weiss and Jurmain, 2007). In addition, as Ortner (2011, 2012) suggested, a localized small data approach describing type(s) of bone abnormalities and lesion pattern may provide more accurate knowledge of the incidence, prevalence, and pathology of OA in ancient human skeletal remains.

### 2.2. Enthesal changes

Musculature can increase in relation to activities performed, and decrease with a lack of movement in the human skeleton. The osseous interfaces where muscles, tendons, and ligaments attach to bone also adjust over a person's lifetime, providing muscle anchorage and stress dissipation (Benjamin et al., 2002, 2006; Schlecht, 2012). These areas, noted as entheses, may be subjected to repeated minor stresses resulting in bone (i.e. microstructural or osteon-level) remodeling (Fig. 2). There are two types of entheses: fibrous and fibrocartilaginous. Fibrous entheses result from intramembranous ossification, where the larger muscles of the body attach to the human skeleton via fibrous attachment points through collagen fibers and connective tissue to bone or to



Fig. 2. Enthesal changes on the inferior view of clavicles from three individuals. At the costoclavicular ligament (a) has mild changes, (b) had moderate changes, and (c) has high evidence of rugosity and bone change. At the conoid tubercle, (d) has a large enthesal growth, while (e) has moderate and (f) shows mild changes.

the periosteum (Apostolakos et al., 2014; Benjamin et al., 2002, 2006). As a person grows into adulthood, these entheses shift to direct bone attachment, resulting in a range of macroscopic changes from smooth bone to larger interruptions or gaps in the surface of the cortical bone. Fibrocartilaginous entheses, defined by the attachment of fibrocartilage to bone in various areas of movement throughout the skeleton at epiphyseal or apophyseal long bone ends, form from endochondral ossification (Benjamin et al., 2006; Schlecht, 2012; Weiss, 2015). Changes in fibrocartilaginous entheses develop as gradient areas of fibrous connective tissue, uncalcified fibrocartilage, calcified fibrocartilage, and bone, and balance bone and tendon elasticity (Benjamin et al., 2002). Further, these regions are part of an “enthesis organ complex,” dissipating stress at the bony interface away from the attachment site. Hence, abnormal changes (e.g., diffuse idiopathic skeletal hyperostosis (DISH), synovitis, bursitis) may also result as part of the complex system of soft and hard tissues within the enthesis organ complex (Benjamin et al., 2002, 2006; Henderson, 2013; Schrader, 2019).

In general, healthy enthesal sites in skeletal remains should be smooth and devoid of vascular foramina (Benjamin et al., 2002; Schrader, 2019; Villotte and Knüsel, 2013). Changes in the structure of entheses may be less regular if there are degenerative changes, such as bone spurs or calcification at the attachment area. Benjamin and colleagues (2002; 2006) also note fibrocartilaginous entheses could show greater skeletal changes because they attach at relatively thin regions of subchondral bone where stress dissipates over a larger region and can leave bony ridges. In contrast, fibrous entheses attach in areas with larger quantities of cortical bone that may better mitigate bone response. Morphological variation in fibrous entheses may also correlate to age and advancing age, instead of providing information on muscle stress and developmental changes (Cardoso and Henderson, 2013; Henderson et al., 2017; Michopoulou et al., 2015; Weiss, 2015). However, biomechanical clinical literature cautions that a variety of factors go into enthesal changes (Benjamin et al., 2002, 2006). Hence, fibrocartilaginous (Henderson et al., 2013, 2015; Henderson et al., 2017; Michopoulou et al., 2017), fibrous (Becker, 2017; Schrader, 2012; Schrader and Buzon, 2017; Yonemoto, 2016), or a combination of both types (Lieverse et al., 2013) have been used in recent osteological studies to understand past populations.

Currently, there is no definitive paleopathological methodology for recording enthesal changes (see Schrader, 2019 for a review). Researchers studying European collections with known textual history have recently provided two ways to standardize fibrocartilaginous entheses data collection: one put forth by Villotte (see Villotte et al., 2010; Villotte and Knüsel, 2013); and from Henderson, the Coimbra method (see Henderson et al., 2013, 2015). While neither has been adopted fully in paleopathological studies, there are concerns about inter- and intra-observer error in the scoring of these muscle attachment points. Researchers encourage strict visual and written definitions of the type of enthesal changes noted (Davis et al., 2013; Henderson et al., 2013; Schrader, 2019). Thus, akin to Ortner's (2011, 2012) approach, and along with clinical suggestions (Benjamin et al., 2002), presently the best general method to recording any enthesal changes may be descriptive, noting any dry bone patterns (e.g., increases or decreases in robusticity, resorption, marginal irregularity, erosion, calcification, ossification of soft tissues, vascularization, and cavitation) (Schrader, 2019).

### 2.3. Long bone cross-sectional geometry (CSG)

Lifeways of ancient civilizations may also be understood using CSG (Larsen et al., 2001; Ruff and Hayes, 1983; Ruff, 1999, 2000; Ruff et al., 2006; Ruff and Larsen, 2001). CSG is based on Wolff's Law, or the idea that bone adapts to the loads under which it is placed. CSG applies the engineering concept of beam theory, a technique that tests a beam or bar's ability to carry loads in bending and torsion. Long bones, such as the humerus and femur, are modeled as hollow beams and analyzed in

the same way as an engineer would model a bridge and test for structural integrity (Runestad et al., 1993). In this model, the further away from a central or neutral axis in a cross-section of a beam, the greater the ability to resist fracture (Ruff and Hayes, 1983; Ruff et al., 2006). As opposed to a beam, bone is a living substance that can adapt to these changes. Thus, in long bones, CSG measures bending and twisting strength of arm and leg bones and compressive strength (weight bearing) of leg bones by examining the cross-sectional shape of long bones at varying distances from the neutral axis. These cross sections may exhibit variations in mechanical loading, as cortical bone thickness and directionality of bone apposition may change in response to mechanical loads (Ruff et al., 2006). Changes in bone shape, from more rounded exterior and interior cortical shape to oblong or directionally oblique, generally indicate reshaping of the cellular matrix of bone to handle non-normal bending and torsion stresses. Hence, differences in these cross sections can help identify mechanical stressors between individuals within the same sample, or larger population-based changes, like chronological transitions from being mobile foragers to a sedentary agricultural way of life (Sládek et al., 2006; Trinkaus and Churchill, 1999; Wescott and Cunningham, 2006). It is also important to note that hormones, diet, age, or genetics may impact normal bone development and cross sectional differences, and these should be accounted for in studies of past populations (Cowgill et al., 2010; Jurmain et al., 2012; Lieberman et al., 2004; Meyer et al., 2011).

### 3. Prior uses of OA, entheses, and CSG

Osteologists once used OA, entheses, and CSG to discern patterns that could identify specific jobs and forms of labor. The expectation was that all “weavers” would have a similar pattern of activity, representing a blueprint to identify that specific occupation in archaeological skeletal remains. The hope was to recognize economically productive activities in communities with little historic evidence of tasks people performed. Certain activities were also given names for movements with which they were associated, like “atlatl elbow” (elbow OA associated with throwing), or “fruit-picker's cervical spine” (lipping on the fourth through seventh cervical vertebrae) (Angel, 1966; Capasso et al., 1998; Kennedy, 1989). During the 1980s and early 1990s, identifying archaeological groups who may have performed distinct activities or been engaged in specific occupations was common when discussing activity evidence in human skeletal remains. However, by the late 1990s and early 2000s, various authors (Buikstra and Beck, 2006; Jurmain, 1999; Pearson and Buikstra, 2006; Stirland, 1998) suggested that OA, entheses, and CSG may not provide clear examples of past labor and activity.

From these concerns, human skeletal studies began collecting OA, entheses, or CSG in conjunction with other indicators of skeletal stress or isotopic studies. Clinically oriented animal studies of disease on bone associated with biomechanical changes were also performed to address skeletal changes with movement (cf. Carlson and Judex, 2007; Morimoto et al., 2011; Niinimäki and Salmi, 2016; Schalkwyk et al., 2004; Wallace et al., 2017, and others). Analyses of human arm and leg bone morphological CSG changes were also correlated within archaeological collections, indicating long bones change across cross sections as a result of biomechanical stressors (e.g., Davies et al., 2012; Ruff, 2000; Weiss, 2005, and others). In addition, studies of OA and entheses began to factor estimates of age at death, sex, and body size, along with noting that genetics could play an invisible role in the prevalence of OA or enthesal changes in skeletal collections. Hence, the focus shifted to a wider array of skeletal stress and disease pathogenesis (Bendele, 2001; Milella, 2014; Schlecht, 2012; Villotte and Knüsel, 2013; Wallace et al., 2017). Weiss and Jurmain (2007) also suggested that a missing element in any study of biomechanical changes, especially those associated with OA, is subadult risk, with an interest in establishing juvenile age of onset, injury, and activity intensity. Thus, most recent research on OA, enthesal changes, and CSG was careful to use population-



oriented approaches, factor in age at death and sex, and note if subadults were affected (Austin, 2017; Becker, 2017; Becker and Goldstein, 2017; Cheverko and Bartelink, 2017; Domett et al., 2017; Palmer et al., 2016; Schrader and Buzon, 2017).

#### 4. Prior Andean research on OA, entheses, and CSG

Akin to the larger history of research on OA, entheses, and CSG, some of the earliest Andean studies of these skeletal changes identified specific activities. Allison and Gerszten (1982) evaluated prehistoric mummies from Peru who had cervical OA. They suggested this was evidence of tumpline use (i.e., a sling across the forehead for carrying loads on the back). In other cases, Andean evidence of “atlatl elbow” was identified (Neves, 1984; Wise et al., 1994). However, recent scholarship employs multiple lines of evidence, population-based approaches, and strong statistical methods to study prehistoric South American populations. What follows are descriptions of prior studies based on each’s thematic approach to understanding these conditions within the Andes.

##### 4.1. Economic activities

Focusing on economic activities from some of the earliest human settlements in the Andes, Rhode (2006) evaluated enthesal changes in Archaic (7800–4700 BC) southern Andean coastal fishing populations (Fig. 3, area E). He compared them to inland, high-elevation Archaic (3000–1500 BC) through Late Intermediate Period (LIP) (AD 900–1450) farmers from Peru and Chile (Fig. 3, areas E and F). His research was well-grounded in the biomechanics of enthesal development. He also identified how various coastal and farming activities were performed in the pre-contact Andes. Overall, Rhode found that

fishing populations had greater upper body musculature, while farmers had greater lower body musculature.

Also in the southern Andes, Ponce (2010b, 2012) evaluated two Chinchorro occupational groups from northern Chile, coastal fisher folk (3000–1000 BC) and inland agriculturalists (AD 1–1000) (Fig. 3, area F). She used enthesal changes, OA, spondylolysis, os acromiale, osteochondritis dissecans, and osteometric measurements to characterize skeletal changes. Akin to prior research from Rhode, Ponce’s research stated that marine resource procurement was more mechanically demanding and physically stressful when compared to the inland agriculturalists. Ponce (2010a, 2010b) also described gendered divisions of labor with coastal males having significantly higher skeletal indicators of activity than coastal females. However, lifeways for inland agriculturalists showed little to no division of labor for males and females.

In the North Coast of Peru (Fig. 3, area A), Titelbaum (2012) evaluated 159 adults for OA and entheses at the El Brujo site in the Chicama Valley in order to understand transitions in economic lifeways in this region. Changing from more mobile, egalitarian fisherfolk to sedentary farmers in a stratified state-level society over the *longue durée* at this site, skeletal remains studied were primarily from three temporal periods: the Late Preceramic (3000–1800 BC), the Early Intermediate Period (100 BC–AD 700), and the LIP (AD 950–1375). She found that OA and enthesal data indicated biomechanical differences between fisher-foragers and farmers. There was also a division of labor by sex among fisher-foragers with females likely exploiting terrestrial resources and males focused on underwater resources. Hence, at El Brujo, there were skeletal differences between fishing and farming, as was seen in the prior studies in the southern Andes. In the agricultural-only populations, there were few OA and enthesal differences between males and females. However, later agricultural farming populations at El Brujo demonstrate similar enthesal changes and OA to early



**Fig. 3.** Map of the Andean area: (A) North Coast region of Peru, (B) central coastal area near present-day Lima, Peru, (C) southern highland region near present-day Cusco, Peru, (D) high altitude flat plain near present-day La Paz, Bolivia; (E) lower elevation inland and coastal region of southern Peru, (F) lower elevation coastal and inland region of northern Chile, (G) highland San Pedro de Atacama oasis in Chile.

farmers, but with greater prevalence, suggesting agricultural intensity increased.

Evaluating specialized occupational groups, [Toyne \(2002, 2004, 2008\)](#) recorded paleopathological changes in various North Coast populations. Her (2002) research at Túcume, Peru primarily evaluated enthesal changes from 19 Inka period potentially elite females and compared these to other burials at the site. She tested the idea that these females were *aqllacuna* (specialized Inka weavers), but she was unable to show that any skeletal changes supported this hypothesis. Similarly, using enthesal changes her work (2004) at nearby Punta Lobos (AD 1250–1300) explored the idea that male burials from the site were fishermen. She found that males exhibited high rates of age-related, but not necessarily occupational, enthesal changes. [Toyne \(2008\)](#) returned to Túcume at the Templo de la Piedra Sagrada site, primarily to evaluate trauma and violence, but average enthesal scores were also recorded. The 40 male burials evaluated showed that entheses increased with age, akin to her previous 2004 research.

#### 4.2. Labor and power structures

Located at the cemetery of Villa El Salvador (100 BC–AD 100) near present-day Lima, Peru, [Pechenkina and Delgado \(2006\)](#) evaluated 64 skeletal remains to understand social structure at this site ([Fig. 3](#), region B). All burials were associated with the same ceramic tradition, thus were likely part of the same overarching cultural ideology. However, as supported by differences in cranial modification, these burials may have comprised two moieties: a coastal group and a high-elevation group. The authors used markers of stress and diet, along with bone changes in elbows, knees, and the spine associated with OA to test for wellbeing, assuming that traits covaried with archaeological indicators of social differentiation. Overall, Pechenkina and Delgado used multivariate statistics and were able to find two geographically defined groups at Villa El Salvador from the skeletal indicators of stress. They attributed these to different diets and pathogenic exposure during childhood. The authors also noted that along with burial wealth of some of the males, higher OA rates in the joints of the elbows, knees, and spine of males buried with fewer grave goods suggest a labor hierarchy among men within this community.

In southern Peru and highland Bolivia, Becker and colleagues ([Becker, 2013, 2016, 2017, 2019a, 2019b; Becker and Goldstein, 2017; Blom et al., 2016](#)) have studied the state-level Tiwanaku culture (AD 500–1100) using enthesal changes and OA. This research used a large sample (approximately 2500 individuals) with good skeletal preservation from the high-altitude core ([Fig. 3](#), area D) and near-perfect bone preservation from colony sites near Moquegua, Peru in the Atacama Desert ([Fig. 3](#), area E) ([Becker, 2013](#)). Using precise age at death and sex estimates and controlling for these within OA and enthesal comparisons, researchers found labor levels similar between highland regions, but a lower prevalence in the colony that was growing maize for export to the heartland capital city of Tiwanaku ([Becker, 2013, 2017; Becker and Goldstein, 2017](#)). These differences were interpreted as reciprocal labor within the heartland of the state, reinforcing that Tiwanaku colonists were not conscripted for the benefit of the state, as had been observed later during the Inka period (AD 1476–1532). [Becker \(2013, 2019b\)](#) also reported differences within the city of Tiwanaku's individual neighborhoods for OA and entheses, which supported archaeological interpretations of embedded, guild-like groups living around the ceremonial center of the city ([Janusek, 1999, 2004, 2008](#)). [Becker and Goldstein's \(2017\)](#) research on Tiwanaku colonists identified sex and age-related differences in OA, including evidence of this condition in individuals 14 years and younger. In addition, these Tiwanaku studies used individually recorded data points for each enthesal change or articular surface within a joint for each individual, but compared data at a population level using the Generalized Estimating Equations (GEE) approach. Hence, [Becker \(2012, 2013, 2019a\)](#) suggests using a strong statistical methodology like GEE to evaluate and

describe OA and enthesal changes in past populations.

Contemporaneous to the Tiwanaku civilization, the Wari state (AD 700–1000) of the Central Andes also had high levels of organized labor. [Juengst and Skidmore \(2016\)](#) studied skeletal remains from 41 individuals buried at Hatun Cotuyoc in Huaró, Peru who were agriculturalists, but also possibly low-level elite peoples ([Fig. 3](#), area C). They evaluated OA, skeletal stressors, diet, and trauma, noting evidence of OA with lipping, eburnation, and DJD in the lower back, hip, and knee joints. Overall, Juengst and Skidmore found that people were well fed, but also labored strenuously. In addition, the authors note that individuals from Hatun Cotuyoc had a varied diet, likely exporting much of the corn they grew for export to the state capital in Ayacucho, Peru. Thus, people were maize-focused in both the Wari and Tiwanaku states with laboring colonies to produce maize sent back to heartland cores.

A diachronic comparison of CSG skeletal changes associated with trade in and around San Pedro de Atacama, Chile (AD 500–1450), especially after the collapse of the Tiwanaku state, was researched by [Pomeroy \(2013\)](#) ([Fig. 3](#), area G). She characterized San Pedro de Atacama as a trading hub during the Tiwanaku state. Her expectations were that those involved in trade would show skeletal evidence of that mobility through greater long bone robusticity and less circular limb bone cross sections. She noted that lower limb CSG during the Middle Horizon (MH) / Tiwanaku period (AD 500–1000) was less robust, and therefore women, men, elites, and non-elites were less mobile than those who lived during the LIP (AD 1000–1450). Hence, with Tiwanaku's decline, the population may have become more actively involved in long distance travel. Also, her findings do not support the idea that MH non-elites were more actively involved in long distance trade under the control of the elites. Instead, Pomeroy suggests these differences could correlate with changes in camelid herding activities after the collapse of the Tiwanaku polity. Finally, individuals from various areas during the LIP had similar CSG measurements, which may indicate similar mobility and trading activities after the collapse of this state.

Also after the collapse of the Tiwanaku state and within their former maize growing colony in the Moquegua Valley of Peru ([Fig. 3](#), area E), [Lowman \(2017\)](#) studied two groups of post-Tiwanaku descendants at the Tumilaca la Chimba site (AD 950–1476). She evaluated the anemic responses, oral pathology, and OA from these individuals. Her thesis found evidence of dental caries, dental abscess, porotic hyperostosis, cribra orbitalia, and OA changes in the spine. Overall, Lowman interpreted these changes chronologically, noting that people who lived closer to the collapse of the Tiwanaku civilization were affected more often by these conditions.

During Inka times in the central Andes ([Fig. 3](#), area C), research by [Andrushko \(2007\)](#) and collaborators ([Andrushko et al., 2006](#)) studied skeletal stress indicators and OA in and around Cuzco during this Empire. The *mit'a* (labor rotation) for public construction, army service, and toiling in state-owned fields, required by Inka rulers may have increased physical labor demands, leading to an increase in OA. [Andrushko \(2007\)](#) observed that there were more degenerative OA skeletal changes in the periphery compared to the core, as would be expected in a typical hierarchical state system in service to a heartland. Hence, the Inka Empire required arduous labor tribute from commoners who lived around the core city of Cuzco.

In the North Coast of Peru, OA evidence was evaluated for indigenous Mochica peoples by [Klaus \(2008\)](#) and [Klaus et al. \(2009\)](#). They assessed local precontact and postcontact groups (AD 1536–1751) using odds ratios statistical comparisons across four age classes for the joints of the shoulder, elbow, wrist, and knee. Overall, OA increased immediately following European contact in this region, and by sex, males experienced more OA than females. Using well-contextualized data, they interpreted these changes as sociopolitical alterations, local environmental changes, and regional economic intensification due to the colonial Spanish political economy.

### 4.3. Osteobiography and individual identity

The last four studies evaluated individual burials to understand what life was like for specific people within the southern and north coastal Andes. Within the Tiwanaku neighborhood of Ch'iji Jawira, which was associated archaeologically with ceramics manufacture, Becker (2016) evaluated a skeleton of an older female for patterns of OA and entheses. She found that the musculature of the woman, especially in the hands and feet, could indicate a lifetime spent as a craftsperson. During a similar time period at the Solcor 3 site (ca. AD 500–900) in San Pedro de Atacama, Chile (Fig. 3, area G), Torres-Rouff and Knudson (2007) examined an adult male (individual 1978) who possessed non-local childhood strontium signatures. They note that even though he was not local, mortuary evidence and temporomandibular OA made him similar in death and burial to his peers at this site. In the North Coast of Peru at the San Jose de Moro site during the Lambayeque period (AD 1000–1350), Nelson et al. (2000) took an osteobiography approach to understand a female burial in tomb M-U508. Evaluating enthesal changes in this burial that had textile related mortuary goods, they found that she was an elderly craftswoman who probably spun thread on a daily basis. Additionally, in the Lambayeque Valley of north coastal Peru, Klaus and Ortner (2014) describe a female (U4 05–32) buried during the Early Colonial Period at Mórrope. She had osteophyte responses in her shoulder and elbow joints, but also rare evidence of treponemal infection for this region indicating her uniqueness.

### 5. Conclusion and future directions

This research advocates for taking a “small data” approach where bone abnormalities and their pattern of distribution are described in skeletally well preserved, culturally related, and potentially genetically closed sample populations. This is similar to approaches called for by Ortner (2011) for all paleopathological research, and for by Verano (1997) for research in the South American Andes. Beyond reporting frequencies, making any interpretations from OA, entheses, or CSG data collected must come with methods that include age and sex, use strong statistical methods, and justify interpretation by contextualizing within the archaeological and skeletal population data.

In addition to these approaches, one future research direction often previously noted by osteologists is to engage further with clinical literature (Cardoso and Henderson, 2010; Jurmain, 1999; Jurmain et al., 2012; Pearson and Buikstra, 2006; Schlecht, 2012; Stirland, 1998; Villotte et al., 2010; Weiss, 2007; Weiss and Jurmain, 2007). Since this scholarship is vast and is rapidly updated by clinicians working with living people, it may be wise to engage more often with medical doctors who have an interest in paleopathology, akin to the Ortner (paleopathologist) and Ragsdale (medical doctor/pathologist) partnership (Buikstra and Roberts, 2012; Buikstra, 2019; Grauer, 2018; Miller et al., 1996).

Beyond creating partnerships, another future direction is to establish industry-wide data collection methods for OA and entheses. While CSG has more direct approaches and various methods (Davies et al., 2012; Michopoulou et al., 2015; Ruff and Hayes, 1983; Stock and Shaw, 2007), OA and entheses have no established recording procedures that are accepted by all human osteologists. For example, published literature on OA describes the various methodological approaches: by individual, by joint, or by population. From this, a percentage of individuals affected can be calculated, or an average rate of OA is provided for the population, but many of these methods do not account for multiple articular surfaces within each joint, or the distinctions if many or few surfaces show evidence of skeletal changes associated with OA. Thus, if data from all articular surfaces were collected and multivariate statistical methods were standard analytical assessors in osteology, such as GEE, generalized linear modelling, or Bayesian modeling, results would provide more detailed information on bone

abnormality and skeletal lesion patterning beyond what simple bivariate statistics can measure (Becker, 2017, 2019a; McCullagh and Nelder, 1989; Nikita, 2014; Nikita et al., 2013; Schrader, 2019).

Other specific directions may be to consider OA, entheses, and CSG in younger individuals. While the first two conditions are strongly associated with age, both osteological and clinical research show that biomechanical patterns (e.g., athletics, injury) of skeletal changes may be influenced by young people's diet, movement, and activity intensity (Becker and Goldstein, 2017; Chen et al., 2017; DiVasta et al., 2007; Karakostis et al., 2018; Macintosh et al., 2017; Miller et al., 2018; Nicholson et al., 2009; Schrader, 2019; Spahn et al., 2017; Wallace et al., 2017). Three-dimensional scans of long bones could also be included as a future research method, from both skeletal collections and CT or MRI scans from various ages of living people with varying levels of physical activity, to create a global database of individual bone changes. In addition, scholars could perform more controlled case studies on living populations using biomechanical recreations using computerized motion capture. Working with modern people, researchers could observe movement to understand the skeletal kinematics (i.e., movement of the body) and kinetics (i.e., force behind the bodily movements) involved in a variety of activities. For example, by looking at individuals who are experts at certain tasks (e.g., ceramics production in the region), these people could be recorded for movement in bones and joints. When combined with CT scans, X-rays, or MRIs, comparisons could be performed to look for any visible skeletal pathological changes.

In sum, inspired by Verano's (1997) description of the environment, ecology, and paleopathology of the South American Andes, this article has defined and described the best-known etiology and pathogenesis of OA, entheses, and CSG in order to explore the lives of ancient peoples. This article has also described the prior 20 years of Andean research on these conditions, as well as methodological and theoretical improvements currently used by scientists in other parts of the world. While studies on these conditions sometimes were used as a one-to-one comparison with past activity, modern research is more circumscribed about how OA, entheses, and CSG are used. Much exploration has gone into understanding and improving methods and analyses of these data (e.g., Becker, 2017, 2019b; Cardoso and Henderson, 2010, 2013; Davis et al., 2013; Henderson and Cardoso, 2013; Milella et al., 2015; Pearson and Buikstra, 2006; Perréard Lopreno et al., 2013; Schlecht, 2012; Schrader, 2019; Villotte and Knüsel, 2013, and others). However, more studies are needed on these conditions as biomechanical stressors, abnormalities, and the pathogenesis of their skeletal changes.

### Acknowledgements

I wish to thank the editors of this special edition journal for their invitation to participate and Celeste Gagnon for early proof reading on this manuscript. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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